| , - | | | | | | | | | Application or Docket Number | | | | | |
|--|--|------------------------------------|----------------------------|------------|---|------------------|-------|----------------|------------------------------|----------|--|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09/5/0, 9/3 | | | | | | | | | | | | | | |
| | | CLAIMS | S AS (Co | - | ALL PE | ENTITY | OR | OTHER SMALL | | | | | | |
| FOI | R | NU | NUMBER FILED NUMBER EXTRA- | | | | RA | | FEE | | RATE | FEE | | |
| BAS | IC FEE | | | | | | • | · · · · · · | 345.00 | OR | | 690.00 | | |
| TOT | AL CLAIMS | | 1 | minus 2 | 0= : | | XS | 9= | | OR | X\$18= | | | |
| IND | EPENDENT CL | AIMS | 7 | minus : | 3= : 4 | , | X3 | 9= | | OR | X78= | 312 | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +1 | 30= | | OR | +260= | · | | |
| * If the difference in column 1 is less than zero, enter *0" in column 2 | | | | | | | 10 | TAL | | OR | TOTAL | 1005 | | |
| CLAIMS AS AMENDED - PART II OTHER THAN | | | | | | | | | | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ALL | ENTITY | OR | SMALL | | | |
| NTA | | CLAIM REMAIN AFTEI AMENDM | ING R | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RA | TE. | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| MENDMENT | Total | .36 | | Minus | -16 | Ð | X\$ | 9= | | OR | X\$18= | 2080 | | |
| ME | Independent | ·B | | Minus | | <u> </u> | X | 9= | | OR | X78= | | | |
| | FIRST PRESE | NTATION | OF MU | LTIPLE DEF | PENDENT CLAIM | | +1: | 30= | | OR | +260= | | | |
| | Y . | | | | | | | OYAL | | OR | YOTAL | | | |
| 9 | 118/04 | (Colum | n 11 | | (Column 2) | (Column 3) | ADDIT | , FEE | <u> </u> | , | ADDIT. FEE | | | |
| NTB. | | CLAIM REMAIN AFTE | 49 4ING ER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | R/ | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENDMENT | Total | . 30 | 4 | Minus | . 36 | . ~ | X\$ | 9= | | OR | X\$18= | / | | |
| AME | Independent | . 13 | 25.18 | Minus | \2 | | X3 | 9= | | OR | X78= | | | |
| \vdash | HHSI PHESE | ENIATION | OF MIL | JETIPLE DE | PENDENT CLAIM | | +1: | 30= | | OR | +260= | | | |
| | | | | | | | ADDIT | OTAL | | OR | YOTAL ADDIT, FEE | | | |
| | | (Colum | m 1) | | (Column 2) | (Column 3) | ADDIT | . 765 | | • | ADDIV. F CC | • | | |
| MC | | CLAIR REMAIN AFTE AMENDA | AS VING ER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENDMENT C | Total | . 4 | 9 | Minus | -36 | = 13 | XS | E | | OR | X\$+8- | 650 | | |
| REP | Independent | . / | 7 | Minus | ··· 13 · | = 4 | X3 | ξ <u>a</u> | | OR | X78= | 800 | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 30= | | | | 1 | | |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the Nothest number to | | | | | | | | | | OA OR | +260= TOTAL ADDIT. FEE | | | |
| The "Fighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-875 Patient and Tradement Office, U.S. DEPARTMENT OF COMMERCE | | | | | | | | | | | | COMMERCE | | |

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